



**Congressman Ben Cline**  
6<sup>th</sup> District, Virginia

**U.S House of Representatives**  
Washington, D.C.

## **IMMIGRATION CASEWORK PRIVACY RELEASE**

### **Petitioner/Applicant:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alien Number (if any): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

### **Beneficiary:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alien Number (if any): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**USCIS receipt number or tracking number (*no Social Security numbers*):** \_\_\_\_\_

Date of filing: \_\_\_\_\_

☐ G-639 ☐ I-90 ☐ I-129 ☐ I-129-F ☐ I-130 ☐ I-131 ☐ I-140 ☐ I-212 ☐ I-290B ☐ I-360

☐ I-485 ☐ I-526 ☐ I-539 ☐ I-589 ☐ I-590 ☐ I-600A ☐ I-600 ☐ I-601 ☐ I-612 ☐ I-690

☐ I-730 ☐ I-751 ☐ I-765 ☐ I-821 ☐ I-824 ☐ I-829 ☐ I-914 (Supplement A, B, or C)

☐ I-918 ☐ I-924 ☐ I-929 ☐ N-400 ☐ N-600 ☐ N-565 ☐ N-644 ☐ Other: \_\_\_\_\_

**Brief description of the issue (*if you need more space, attach a separate sheet*):**

Staff Member (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Washington, DC Office**

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## Privacy Release – Page 2

### Section below to be completed by the person who is subject of the records:

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

I, (print your name) \_\_\_\_\_, authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Representative Ben Cline and his staff.

Signature (sign in ink): \_\_\_\_\_ Date: \_\_\_\_\_

### Current Residential Address (*Do not list a P.O. Box*):

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Mailing Address (*If different from current residential address, i.e., P.O. Box*):

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Translator Certification (*If privacy release or any of the supplemental information has been translated.*):

I certify, under penalty of perjury, that I am fluent in English and \_\_\_\_\_, and that my translation of the privacy release and any foreign language documents submitted with this inquiry are complete and accurate.

Translator Name (print): \_\_\_\_\_

Signature (sign in ink): \_\_\_\_\_ Date: \_\_\_\_\_

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